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GOSSELIN'S CLINICAL LECTURES ON SURGERY . . . 16 PAGES.

## CLINICS.

### CLINICAL LECTURES.

*Abstract of a Clinical Lecture on a Case of Destruction of the Rectum, followed by Cicatricial Occlusion of the Bowel above, and completely relieved by Colotomy.* By FURNEAUX JORDAN, F.R.C.S., Prof. Surg. in Queen's College, Birmingham.

The woman you have just seen, whose age is about thirty-eight, was placed under my care by my colleague Professor John Clay. I will give you a brief history of her case. Several months ago, she had a confinement so difficult and so prolonged, that it was followed by sloughing of the entire rectum. The pressure of the child's head had been directed persistently backwards in such a manner as to destroy the vitality of all the parts between it and the cavity of the sacrum. I put the matter somewhat compendiously, because, having no obstetric experience, I do not pretend to give you any obstetric details. The vesico-vaginal septum escaped serious injury, so that, although there was incontinence of urine for a time, she subsequently regained control over the bladder. I need scarcely tell you that, in consequence of the contracted state of the sphincter ani, the feces came away through the larger and more patulous outlet of the vagina. The frequent and involuntary escape of feces and flatus

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made her state sufficiently distressing; what it was before she became able to hold her water I will leave you to imagine. Greater troubles, however, were to follow. Symptoms of chronic intestinal obstruction arose. These gradually increased, and her condition becoming one of great gravity, Mr. Clay was consulted; and when I saw her, at his suggestion, there had been complete obstruction for fourteen days. On examination, the finger entered a cavity formed by the anterior wall of the vagina in front, and by the sacrum behind. At the upper and back part of the space, was a dense, irregular, cicatricial mass, in front of which the uterus was situated.

The poor woman was in a state of great exhaustion, and there was clearly no time to lose. Two modes of operative relief presented themselves for consideration. Should we try to pierce the cicatricial mass at the brim of the pelvis, seek for the canal of the bowel, and attempt to establish a permanent opening in it? or should we open the colon in the left loin? It would, we believed, be difficult to reach the bowel, difficult to open it, and difficult to keep the opening permanent. But there was something graver than difficulty before us; there was real danger—the danger of opening the peritoneal cavity behind the uterus. Taking into consideration all the bearings of the case, we believed that they were all in favour of colotomy. I at once performed the operation. Improvement was quickly seen, and restoration to perfect health followed.

Touching the operation of colotomy, I have a word to say. Not long ago there was a discussion conducted by very able surgeons on this point: should the parts be divided in such a manner as to leave a conical wound, the bowel being at the bottom—a wound, it was said, more favourable for recovery; or should the muscles be divided to the full extent of the superficial incision—a step which, it was said, would facilitate the finding of the bowel. Gentlemen, in this, as in so many other controversies, there seems to me a middle way. Sometimes the muscles are so thin and the wound so shallow, that little deep dissection is needed; sometimes, on the other hand, the muscles are so massive and the wound so deep, that free division of muscular fibre is, in my opinion at least, desirable. I have opened the left colon frequently, and will tell you one item of my experience. In thin and emaciated persons, I have found the bowel within one inch of the surface; but, on the other hand, in stout persons, I have found the bowel at a depth of four inches. I shall not forget the case of a very stout man. When the end of my fingers touched the blue colon, the ends of my metacarpal bones were below the level of the skin. [Nearly two years have passed away since the above lecture was given. The woman remains in excellent health, and the opening in the bowel is easily managed.]—*Brit. Med. Journ.*, June 10, 1876.

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*Remarks on Glaucoma as a Neurosis; with an Illustrative Case.* By JONATHAN HUTCHINSON, F.R.C.S., Senior Surgeon to the London Hospital.

I have often and long ago indulged in the expression of a conjectural opinion that glaucoma is a neurosis, and that the immediate cause of the tension of the eyeball is tonic contraction of the sclerotic, and not any increase in the fluid contents of the organ. I have also sometimes remarked that its closest pathological analogue is the curious contraction of the palmar fascia, not unfrequently met with in middle-aged and elderly persons. Such opinions may to some seem rather fanciful; but, in spite of that defect, I feel convinced that they are worth thinking about. The contraction of the palmar fascia to which I refer, is usually seen in front of the ring finger, and often involves the little finger also. It gradually and surely puckers up the skin and deeper parts below the finger cleft, and pulls the first phalanx down towards the palm. The skin and fascia become adherent together, but there is never any pain or inflammation. It occurs as frequently to those who do not do any work as to those who use tools, and probably has no connection with local irritation. Excepting that it sometimes happens to gouty persons, we can offer no conjecture as to any state of

health which predisposes to it. It never occurs to young persons, is rare before middle age, and most frequent in early senile periods. It usually begins in one hand, and, after a while, attacks the other also. It is irremediable. In most of these features it much resembles chronic glaucoma. I admit that we have no rapid cases which might correspond with acute glaucoma; but then probably the sclerotic coat of the eye contains elements far more closely resembling non-striated muscular fibres than does the fascia of the palm. To this latter fact I would also refer, in explanation of the circumstance, that, whilst in the palmar disease there are manifest thickening and adhesion of tissues, none such have as yet been proved in glaucoma. The operative measures, iridectomy, sclerotomy, and the like, are such as would not be unlikely to be useful if the theory suggested were true, while it is somewhat difficult to explain their action under other hypotheses.

Whether we accept or not, as plausible, the sclerotic-contraction theory of glaucoma, we can, I think, feel little hesitation in admitting that both glaucoma and contraction of the palmar fascia are neurotic lesions. They are neither of them merely local, and neither has probably much to do with the blood. It is rare, in the highest degree, to find either of them synchronously symmetrical, whilst both are usually bilateral in the end. This fact fits well with what we know of some other ailments, the result of nerve-degeneration. Both occur at periods of life when such degenerations are not uncommon.

When I began this paper, I scarcely intended to say so much on this supposed parallel; my object was rather to narrate a case in which glaucoma, with unusual features, and contraction of the palmar fascia are present together, and in which there is evidence of progressive disorder of the nerve-centres. The case is one of considerable interest in many directions, though, I must admit, of much intricacy. Certain lessons may, however, I think, by those who can give attention to detail, be learned with tolerable clearness from it.

Mr. K. is an intelligent farmer, now aged 48, of a family in which nervous disorder has repeatedly shown itself. One brother has been several years in an asylum, having become insane (a harmless quiet form) after some business anxieties. Another brother was liable to attacks of inordinate sopor, and used to sleep for several days and nights consecutively. He had several attacks of this liability, on each occasion after a very severe cold, and the last ended in death. His case has formed the subject of an able narrative by Dr. Ward Cousins of Portsmouth, in the *Lancet* some years ago. My patient considers that he was, when at school, a delicate lad; but, in later life, his state of nervous health was such as to enable him to be quite successful in his business. He never married; was always continent, and suffered from boyhood onwards from nocturnal emissions. He has lived a very steady life in all respects, having never either drank or smoked to the least excess. It may be noted, in passing, that three other brothers have remained unmarried, two of them being those whose cases are referred to above. The third celibate is a florid healthy man. Mr. K. himself is pale, and rather thin; but there is but little in his manner which would lead to a suspicion of sexual debility. He utterly denies masturbation. The ailments from which he has suffered may be mentioned in the following order, which is nearly that of their development.

Dyspepsia, with constipation and flatulence;

Difficulty in sleeping;

Lassitude and want of strength;

Slow development of cataract in the right eye, followed after several years by glaucoma;

Absolute blindness, and great increase of tension, with an *abnormal deep anterior chamber, and an iris which still acts vigorously when the sound eye is stimulated;*

Distressing liability to giddiness;

Contraction of the palmar fascia in the right hand;

Pain in the occiput and neck;

Feeling of stiffness and numbness in the right arm and right side of the chest;

Inability to attend to his business or exert his mind, although his mental faculties remain perfect.

Mr. K. has been under my observation, with long intervals, for the last twelve years. At first, he was out of tone, dyspeptic, and "hypochondriacal;" but, by degrees, more special conditions were developed. In July of 1874, he came to me after an interval of several years, and I found that cataract had formed in the right eye. Of this I had known nothing before. He thought the eye had been ailing for five or six years. During the last three months he had experienced much pain in the eye, the severity varying much at different times. The tension was slightly increased, the cornea looked a little dull, and the iris wanted lustre. Although the pupil acted fairly to light, it dilated but very little when atropine was used. The anterior chamber was deep. The iris was thought to be a little tremulous. As the eye was blind and the failure had been slow, I did not advise an operation.

In January of 1875, I saw him again. The eye was now quite blind, but without pain. He considered that it had been blind for several years, and before the attacks of glaucomatous pain described in the previous note. The cataract was of a dirty brown colour. The increase in tension was very decided. He complained that his head symptoms had greatly increased of late. He had become more and more sleepless, and asserted that he never "could get more than half sleep." It appeared that his want of good rest was probably a main cause of his debility. He was frequently giddy, especially soon after rising.

I now sent him to Margate; but, whilst there, he said he felt far worse, and was so languid that he could only just get out. About this time, he insisted on leaving his farm, and going to live with a brother, alleging that he felt so weak and giddy that he was unable to attend to anything. Often in the fields he would feel as if he must fall, and be glad to lean against a gate. His dyspepsia and flatulence had never been much benefited by attention to diet. He had left off first one thing and then another, and then resumed them again, and never found that it made much difference.

In May, 1876, he again called on me. He did not look any worse, but made still greater complaint of his inability to attend to business. I now examined his eye carefully, and found its condition very peculiar. The cornea, although not actually steamy, was not bright, but looked dull, like that of a fish. Possibly, owing to the state of the cornea, the iris looked muddy. The pupil was of medium size, perhaps rather small; it was motionless when the eye was exposed to light, but acted very fairly when the other eye was exposed. The anterior chamber was much deeper than natural, the ciliary attachment of the iris being retracted. The emergent veins were rather larger, and more numerous and natural. The tension of the globe was much increased. He could barely tell light from dark. The eyeball was still at times rather painful. He had suffered for nine months from pain and stiffness in the right side of his neck, and from stiffness and numbness in the right arm and hand, and right side of chest. He could use the hand for anything, but said that he often had "to rub it to take the numbness away." The palmar fascia at the base of the ring finger was contracted and hard, and the finger was a little drawn down. In the other hand similar conditions existed, but in much slighter degree. The left eye enjoyed perfect vision, and appeared normal in all respects.

Mr. K. has never suffered much from cold feet, a symptom frequently noticed when the nervous system fails in consequence of sexual abuses. He has been liable to colds in the head, to an extreme degree, often being for months together scarcely ever without. Although very frequently giddy, and unable to exert his mind, he can walk fairly, and usually does six miles a day. His appetite is good. His pulse is deliberate, sixty in the minute.

There can, I think, be little doubt that some central disease of his nervous system in the left side is present, by which the various right-sided symptoms are to be

explained. The retraction of iris and activity of pupil, with such a considerable degree of tension, are, I think, very exceptional.—*British Medical Journal*, June 17, 1876.

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HOSPITAL NOTES AND GLEANINGS.

*Incomplete Paraplegia from a Fall on the Feet.*—Amongst the more interesting of the cases lately in Mr. Hutchinson's ward, was the following instance of partial paraplegia following a peculiar injury to the spine. The patient, a middle-aged man, fell from a considerable height straight down, alighting on his heels on a hard road. He was not aware that his back was struck in any way. The consequence was, however, inability to stand and very imperfect power of motion of the lower extremities whilst in bed. He had also for several weeks incontinence of urine and troublesome constipation. After a long confinement to bed, he became able to walk feebly, and regained control over his sphincters. Eighteen months after the accident, he could just manage to walk about in a feeble tottering manner. The muscles of his legs were much wasted; and, although he could bend the knees vigorously, he could scarcely move the ankles. The gluteus maximus on the right side was quite atrophied. No material defect in sensation could be demonstrated. The man could in an usual way hold his urine, but he could not resist the desire to let it escape for more than a few minutes. There was a decided projection of the spinous process of the last dorsal vertebra.

In commenting on this case, Mr. Hutchinson remarked that he felt little doubt that there had been a fracture of the vertebræ, with definite injury to the contents of the spinal canal. He did not believe that mere concussion of the spine could produce definite local symptoms of the kind here displayed. It was, indeed, not easy to conceive of mere concussion of the spine causing anything more than mere functional disturbance. In this instance, the severity of the symptoms at first, and their gradual disappearance afterwards, coincided with what is often observed in cases of proved displacement; yet the accident had not been one likely to cause a fracture of the spine. He remarked further that, in attempting to decide the question as to whether the spinal cord has been really crushed by a displacement of the bones constituting its case, or concussion only has occurred, it is necessary to remember that contusions of the cord may vary very much in degree. In some instances, the cord may be almost crushed through, or, at any rate, completely softened, by the temporary pressure to which it has been subjected; whilst in others it may have received only the slightest and most transient squeeze. The presence or absence of paralysis of the bladder is always a very valuable guide. If the bladder be really paralyzed, both as regards its detrusor and sphincter, the suspicion becomes very strong, even in the absence of other symptoms, that something more than mere concussion has occurred. In reference to this point, he instanced the case of an old gentleman whom he had seen in private a few days before. In this case, he had been consulted on account of total paralysis of the bladder, which had followed a severe fall head foremost into an area ten days ago. In the absence of paralysis of the limbs, it had been supposed that the condition of the bladder was due to the severe contusion of the loins which had occurred. In support, however, of the opinion that the patient had sustained in reality a dislocation in the cervical region, with a slight temporary crush of the cord, were some important items of evidence. The patient stated that, when he first became conscious after the fall, all his limbs were numb and tingling; and that, although he had gradually regained the ability to use his hands, yet that they were still very weak, and that he often experienced the sensation of "pins and needles." Although no irregularity could be detected in the cervical region, there was a place where it was very tender on pressure. Mr. Hutchinson added that his experience of *post-mortem* examinations in which concussion of the spine had been diagnosed had always been the discovery of fracture and displacement. Very usually, he remarked, the

displacement is remedied immediately after the accident.—*British Med. Journ*, May 6, 1876.

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*Multiple Cysticerci Cellulosæ.*—A very curious case of cysticercus cellulosæ in a man was lately to be seen in M. Broca's ward in the Hopital des Cliniques. The patient, who is a coachman by profession, had his body literally covered with a considerable number of the above parasites, which were to be seen principally in the great pectoral muscles, the muscles of the arm, in the cellular tissue; and it is probable they existed also in the brain, as the patient was affected with cerebral symptoms. About four years ago, the patient had passed several joints of a worm from his bowels, and even during his stay in the hospital he had passed a few, which, unfortunately, were not examined. M. Broca was, however, of opinion that the joints were parts of the tænia solium, it being the only worm with which the cysticercus cellulosæ is connected. The patient, being otherwise in good health, never sought medical advice until one day, whilst on horseback, he felt giddy and became insensible, in which state he remained for some time. He has had several attacks since, but not so severe in their character. About seven months before his admission to hospital, the patient observed, for the first time, a small lump on the chest, and, shortly afterwards, he noticed several others. These little tumours were situated deep in the muscles, and were of an oval shape, smooth, and painless. In order to confirm his diagnosis, M. Broca removed one of these little tumours, and, on examining its contents, found a cysticercus. The only treatment adopted in the case consisted simply in passing a small cataract-knife through each tumour, and combating symptoms as they presented themselves. The effect of this operation was the rapid atrophy of the tumours, and relief of the cerebral symptoms soon followed; there still remained, however, slight deafness, and the sight of the left eye was affected. Examination with the opthalmoscope had not discovered the presence of cysticerci in the vitreous humour. M. Broca had pierced upwards of three hundred of these tumours—that is, those situated superficially; and it was obvious that nothing could be done for those situated deeply in the tissues and the brain. The patient had no tumour under the tongue; and, in a clinical lecture on the subject, M. Broca observed that, in the order of frequency, cysticerci in the human subject are found in the muscles and then in the brain. As for the origin of these parasites in man, it is generally attributed to the use of raw or underdone meat, particularly that of pork; but M. Broca believes they may be imbibed from other sources as well, such as uncooked vegetables, and even drinking water.—*British Med. Journ.*, May 20, 1876.

## MEDICAL NEWS.

### ORIGINAL ARTICLES.

*A Hint about the Dry Preparation of Blood Corpuscles.* By CHRISTOPHER JOHNSON, M.D., Professor of Surgery, University of Maryland.

These should be spread upon the under side of a cover suitably thin. First attach the cleaned cover to a slide, as a holder, with a minute drop of water. Next place a small drop of fresh blood upon the cover near the edge, and immediately, with the narrow end of a well-ground slide, inclined somewhat, catch the drop, and sweep the slide gently and steadily over the cover. Dry immediately in warm air or by aspiration, and glide the cover free after moistening its edge with a camel's-hair pencil moistened with distilled water.

When thoroughly dry, *immerse the cover in chloroform*, to remove fatty matters, dry and mount upon a circle of Wöller's asphalt-lac or zinc white.

The larger disks of amphibians are best spread out by floating the disks, free from coagulum, over the cover, and drying as above.

All coloured corpuscles may be stained, but the pyrenæmatous red disks give excellent results; the nucleus being very distinctly coloured, with carmine, for example, while the "formed part" is pale, or made blue with anilin. Col. Woodward

has had excellent success with perosmic acid.

We would especially recommend the blood disks of frogs, salamanders, menopoma, and amphiuma tridactylum, the red corpuscles of the last-named being remarkable as well for their great beauty as their size. The leucocytes of amphiuma are superb.

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*Case of Tapeworm successfully treated.* By MILES J. BIRDSONG, M.D., of Carthage, Texas.

Mrs. H., aged 29 years. The mother of five children, the youngest four months old, her general health good with good flesh. Nothing strange about her appearance or appetite. But has been occasionally afflicted, for two years, with pains in her abdomen, which she called colic, brought on from slight exposure to cold or from taking something cold on her stomach. On June the 6th, my attention was called to the case by her husband presenting a portion of the worm for inspection. Prescribed calomel and santonin, xv grs. each, to be taken at bedtime, to be followed with castor oil and sp. turpentine, next morning, discharged ten feet of worm.

*June* 9. Prescribed oleum terebinth. ℥ij, to be taken at bedtime with castor oil, next morning discharged ten or twelve feet more worm.

18*th*. Prescribed decoction pomegranate root, prepared after the formula in U. S. Dispensatory, one ounce to be taken every hour for eight consecutive hours, after fasting twenty-four hours. The remainder of the worm was discharged during the day while taking the decoction. The whole length of worm discharged was forty-five feet, according to the best estimate we could make.

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*Case of Rupture of the Uterus.* By W. H. WHITE, M.D., of Steen's Creek, Rankin County, Mississippi, May 24, 1876.

The rarity of "rupture of the uterus" has induced me to communicate the following: May 19th I was called in haste to see Margaret McF., an unmarried primipara, white, æt. 17 years. Apprehending a grave case, I went prepared to effect instrumental delivery. On my arrival at 10 o'clock P. M., I was informed that labour began at 6 A. M. of that day, and that at 12 M. the second stage was ushered in by pains of the most intense and powerful character. The head soon presented at the inferior strait, and all went well, when suddenly she was seized with convulsions, during which she bounded from her bed, and was with difficulty restrained by the aid summoned. After two or three convulsions, which continued to recur at intervals of fifteen or twenty minutes, on examination it was noticed by the midwife that the head had receded, and that subsequent pains were of no avail. It was also detected that the child was too "high up," and that it had ceased to move.

The woman continued partially rational between convulsions until near 4 o'clock P. M., when she became totally insensible, scarcely moving except during the convulsions, breathing stertorously, and emiting frothy mucus, intermingled with blood, from her mouth. This was the condition presented at my arrival at 10 P. M. as stated. I soon applied the forceps, and experienced no difficulty in the delivery, save that there was no *vis-à-tergo* to aid in expulsion. It proved to be a healthy, well-developed male—still-born—of little more than ordinary weight. Introducing my hand to extract the placenta, I passed it readily through the rent, which occurred at the upper, anterior aspect of the fundus. The uterus contracted well, and there was no hemorrhage except what had occurred from the rent into the peritoneal cavity, and I think her symptoms warrant me in saying that this was not sufficient to add any gravity to the case. The convulsions continued, though at lengthening intervals, until my departure at 5 o'clock A. M., May 20th, and the woman succumbed 24 hours afterward.

An autopsy was not granted, and consequently the cause of the rupture is rendered somewhat more obscure. I am inclined to attribute the rupture in this case to the great violence of the uterine contractions, coming on rapidly, as the fœtus was hardly above average size, and the woman's pelvis was abundantly capacious, though defective structure of the

uterus might have been revealed as a factor in the causation, had we been able to obtain a post-mortem examination.

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*Suppurative Pleuritis following Simple Pneumonitis.* By F. S. Thomas, M. D., of Maudonia, Iowa.

On the 1st day of January last I was called to see Miss Emma C., æt. 15, whom I found suffering from acute pneumonitis of the lower two lobes of left lung. No perceptible pleural complication during the first stage; more evidence (yet slight) during second stage. Third stage progressed nicely; patient was sitting up on the ninth day, walked across the room on the tenth, and continued improving until about the 15th day.

The treatment was simple: by opiates, stimulants, tonics, etc., with good nourishment. Case discharged January 12th.

Was recalled January 15th. Found my patient suffering (as I supposed) from an acute attack of pleuritis (left side). Pain very severe. Prescribed morph. sulph. January 16th, patient better, sitting up in bed. Prescribed syr. squills, potass. iod., and a mild saline cathartic. January 18th, absorption progressing, chest diminishing. Prescribed quinia sulph., animal broths, etc., with local application of tinc. iodine, also same by inhalation. January 20th, patient much better, sitting up; size of chest nearly natural in appearance; some dulness on percussion. Case again discharged. Was absent from county, and did not see her again until February 3d. During this time she had days in which she was nearly free from pain, others she suffered considerable, and had more or less fever.

February 3d, found her chest distended, pulse 106 and feeble, tongue heavily coated, headache, very nervous, and despondent [first appearance of catamenia since December]. Prescribed three grain doses of quinia sulph. every three hours. Began to fear that the accumulation was pus instead of a sero-fibrinous liquid. Again resorted to tr. iodine as before.

February 5th, condition same. Prescribed elixir cal. bark and iron; requested council.

February 7th, accompanied by Dr. Henry Osborn, of Council Bluffs, Iowa, we visited our patient, and decided to perform thoracentesis, which we did, and one half gallon of pus was discharged, much to the relief of our patient, and satisfaction of all concerned. The discharge continued until the 1st of June, healing without trouble. The treatment during this period was with elix. cal. bark, ferri et strych., about two pints being used. Plenty of out-door exercise. Our patient lived on a beautiful farm in a healthy locality, rolling prairie, and free from miasmatic influences. Her father, being a wealthy farmer, gave her every advantage to regain her health, which she is now enjoying, and suffers nothing from her long and tedious illness.

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*Case of Triplets.* By S. C. Griswold, M.D., of New Haven, Mo.

Mrs. A. C. W., native of this State, æt. 31, small stature, general good health, never weighed over ninety pounds, has always resided on a farm, been married four years, and was delivered of first child, a boy, about two years ago; pelvis is large in proportion to her size. She has suffered for some months with occasional difficulty of breathing and œdema of lower extremities, with very great abdominal enlargement. Dr. J. S. Hiatt was consulted and informed that her confinement was expected about the eighth of August.

On the morning of August 12th, 1875, labour commencing, Dr. Hiatt was called and arrived at four o'clock A. M. On examination a fœtus was found presenting with first position of vertex. She was delivered of a boy at five A. M., with comparatively small amount of pain. After delivery a second fœtus was found descending, and, after separation of the funis of the first one, a more thorough examination discovered a transverse position of the fœtus. I was called at this juncture, and, arriving a few minutes before six o'clock, on examination found the fœtus in the first position of the right shoulder presentation with the arm depending, hand externally, and the cord, which did not pulsate. Immediately gave chloral in full dose (the pains being strong and patient unexhausted), and repeated

chloral in fifteen minutes; then, having patient in position for version, I introduced the hand and brought down the feet, and the child was delivered, still-born, the funis being also depending with the arm, and not pulsating prior to the introduction of the hand. This second boy was delivered about 6.30 A. M. with the membranes. After severing the cord of the dead boy, an examiuation revealed a third fœtus presenting with the feet, the membranes entire. I ruptured the membranes and delivered a third boy, living, at about seven o'clock A. M. The placenta was detached and thrown into the vagina by a couple of pains aud delivered entire with the three cords attached at different parts of its surface without any division or lines of demarcation, except the attachment of the membraues to its surface; these exhibited complete sacs, one containing the other two. The cord attached to the first-born boy was larger than either of the others, and attached near the centre and thicker part of the organ, and had no separate sac from general envelope, while the others were attached about equidistant on each side, to thinner portions and near the edge of the organ, and were each inclosed by a separate and distinct sac. The cord of the second child was somewhat larger than that of the third, and longer than either of the others. The placentæ after being washed, with the cords and membranes attached, weighed five pounds. The children weighed respectively, the first six and one-fourth pounds, the second six pounds, and the third five and one-fourth pounds.

## DOMESTIC INTELLIGENCE.

*International Medical Congress. Philadelphia, September* 4–9, 1876.—The International Medical Congress will be formally opened at noon on Monday the fourth day of September.

The sessions of the Congress and of its Sections will be held in the University of Pennsylvania, Locust and Thirty-fourth Streets.

The General Meetings will be held daily, from 10 to 1 o'clock. The Sections will meet at 2 o'clock.

Luncheon for members of the Congress will be served daily in the University building from 1 to 2 o'clock.

On Wednesday evening, September 6th, Dr. J. J. Woodward, U. S. A., will address the Congress on the Scientific Work of the Surgeon-General's Bureau.

The Public Dinner of the Congress will be given on Thursday evening, September 7th, at 7 o'clock.

The Registration book will be open daily from Thursday, August 31st, to Saturday, September 2, inclusive, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner of Thirteenth and Locust Streets, and at the University of Pennsylvania on Monday, September 4th, from 9 to 12 M., and daily thereafter from 9 to 10 A. M. Credentials must in every case be presented.

Letters addressed to the members of the Congress, to the care of the College of Physicians, N. E. corner Locust and Thirteenth Streets, Philadelphia, during the week of meeting will be delivered at the University of Pennsylvania.

The Secretaries of State and Territorial Medical Societies are requested to forward without delay to the Chairman of the Committee on Credentials, I. Minis Hays, M.D., 1607 Locust St., Philadelphia, lists of their duly accredited delegates to the Congress.

Delegates and visitors intending to attend the Congress are earnestly requested individually to notify immediately the same Committee.

This information is desired to facilitate registration, and to ensure proper accommodation for the Congress.

Members intending to participate in the Public (subscription) Dinner of the Congress will please notify the Secretary of the Committee on Entertainment, J. Ewing Mears, M.D., 1429 Walnut St., Philadelphia.

*Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates will please notify the Commission before the fifteenth of August.*

Gentlemen who are not delegates, desiring the volume of Transactions of the Congress, can secure it by immediately addressing the Chairman of the Committee

on Publication of the International Medical Congress, care of College of Physicians, N. E. cor. Locust and Thirteenth Streets, Philadelphia.

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*New York State Medical Society.*—The seventieth annual meeting of this Society was held in Albany on the 20th of June. The following officers were elected for the ensuing year: President, Dr. E. R. Squibb, of Brooklyn; Vice-President, Dr. J. V. Kendall, of Baldwinsville; Secretary, Dr. Edward R. Hun, of Albany. The next meeting will be held in Albany on the third Monday in June.

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*Rhode Island State Medical Society.*—The sixty-fifth annual meeting was held in Providence on the 14th June. The following officers were elected: President, Dr. Edward M. Snow, of Providence; Vice-Presidents, Drs. Charles H. Fisher, of North Scituate, E. T. Caswell, of Providence; Secretary, Walter E. Anthony, of Providence.

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*Mississippi State Medical Association.*—The ninth annual session was held at Jackson on May 31st; Dr. P. F. Whitehead, President, in the chair. The following officers were elected for the ensuing year: President, Dr. P. J. McCormick; Vice-Presidents, Drs. R. G. Wharton, A. G. Smythe, W. W. Hall, and D. C. McCollum; Secretary, Dr. Wirt Johnston. The Association adjourned to meet in Grenada on the first Wednesday in April, 1877.

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*New Hampshire Medical Society.*—The eighty-sixth annual session was held in Concord, June 20th. The following officers were elected for the ensuing year: President, A. B. Crosby, M.D., of Hanover; Vice-President, L. M. Knight, M.D., of Franklin; Secretary, G. P. Conn, of Concord.

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*Illinois State Medical Society.*—The twenty-sixth annual meeting of this Society was held at Champaign on the 16th of May. The following officers were elected for the ensuing year: President, T. D. Fitch, of Chicago; Vice-President, S. H. Birney, of Urbana; Secretary, N. S. Davis, of Chicago. The next meeting will be held in Chicago.

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*American Dermatological Association.*—At an informal meeting of physicians interested in Dermatology, held in Philadelphia, June 7, 1876, it was

*Resolved*, To call upon such American physicians as have evinced a special interest in Dermatology to unite in forming an American Dermatological Association;

*Resolved*, That the meeting for oganization be held in the University of Pennsylvania, Philadelphia, on Wednesday, September 6, 1876, at 6 P. M., or immediately after the close of the meeting of the Section of Dermatology and Syphilology, of the International Medical Congress, on that day. Gentlemen intending to participate in the organization are requested to signify their pleasure to the Secretary, L. D. Bulkley, M.D., 1 East 33d St., New York, at the earliest opportunity.

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*American Ophthalmological Society.*—The twelfth annual meeting of this society will be held on September 11, next, at Chickering Hall, New York, at 9 o'clock A. M.

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*Centennial Exhibition.*—The Franklin Institute of the State of Pennsylvania has opened a reception room in Machinery Hall. The Institute cordially invites all who desire to do so to visit their room, in which will be found files of the Journal of the Institute and other periodicals devoted to the industrial arts. The room is in charge of a committee of thirty members of the Institute, one or more of whom will be in attendance daily, during the exhibition, to receive visitors and give any information they may desire in reference to the exhibition.

The following objects of great historical interest have been placed in the room:—

1st. *Franklin's Electrical Machine.*—This instrument is doubtless the one used by the great philosopher in making his wonderful experiments in the science of electricity. Presented to the Institute by Dr. John R. Coxe.

2d. *Oliver Evans' Steam Locomotive Engine.*—This interesting model is among

the earliest known, having been built about 1804.

3d. *Oliver Evans' High Pressure Steam Engine.*—This is the model of an engine built by O. Evans, about 1804, and is described in Galloway's work on the Steam Engine, page 101. London, 1827.

4th. *Working Model of a Steam Engine* built by M. W. Baldwin, and presented by him to the Institute about 1832.

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*New Medical Journals.*—Three candidates for professional favour have just presented themselves. Of these, two are published in Columbus, Ohio, and one in New York, and all are to appear monthly.

The *Ohio Medical Recorder* is edited by Drs. J. W. Hamilton and J. F. Baldwin, and contains 45 pages of matter. The first number opens with an excellent article on Foreign Bodies in the Air Passages, by Dr. J. W. Hamilton, of Columbus.

*The Ohio Medical and Surgical Journal* contains 96 pages, largely occupied with original matter.

*The Archives of Clinical Surgery* is published by Rutledge & Co., of New York, and edited by Dr. Edward J. Bermingham. The first number contains 42 pages, which are entirely devoted to original matter of permanent value and much merit.

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Obituary Record.—Died in Savannah, Georgia, July 10th, 1876, of phthisis pulmonalis, Richard D. Arnold, M.D., aged 68. Dr. A. was a gentleman of remarkable talents, a graduate of Princeton College in the arts, and of the University of Pennsylvania in medicine, and an extensive reader both in professional and general literature. He enjoyed a large practice, and was for many years the leading physician of his city and probably of his State. He was very benevolent, freely bestowing his services on the poor, exceedingly popular, and was the recipient of many honours both professional and others. He was professor of the practice of medicine in the Savannah Medical College for fifteen years, President of the Savannah Medical Society, and several times President of the State Medical Society, repeatedly elected mayor of the city, and occupied a seat in the State legislature, first in the lower house and afterwards in the Senate. He was one of the secretaries of the first National Medical Convention, convened in New York city in 1846, and by his experience in legislative proceedings aided the venerable chairman of the convention, Prof. Knight, to hold that body together. Few living members of the association know the extent of the obligations of the profession to the late Professor Knight, of New Haven, who by his suavity, firmness, dignified demeanor and knowledge of parliamentary rules, succeeded in preventing the disgraceful disruption of that convention, and held them together until they had adopted some important resolutions, including a call for a second convention to be held in the city of Philadelphia the following year, to deliberate on measures having a wider scope than were contemplated in the call of the first convention.

Dr. A. was also one of the secretaries of the second convention, and was an active member of the American Medical Association in its earliest years, and a constant attendant at its meetings; in 1851–'52 he was one of the vice-presidents. He was one of the founders of the Georgia Historical Society, and last winter, on the occasion of the dedication of their new hall, delivered a most interesting discourse, giving the history of the Society. Dr. A. was honoured with other offices, which the limits to this notice will not allow us to enumerate. The inhabitants of Savannah duly appreciate the loss they have sustained in the death of Dr A., as shown by the unusual honours paid on the occasion of his obsequies.

—— suddenly, at Albany, N. Y., June 8th, 1876, of Bright's disease of the kidneys and aneurism of the arch of the aorta, Dr. J. Van Pelt Quackenbush, aged 57 years. Dr: Quackenbush was Professor of Obstetrics in the Albany Medical College, Attending Physician to the Albany City and St. Peter's Hospitals, and held a high rank among his medical brethren.

—— in Wilmington, Del., of apoplexy, Dr. R. R. Porter, aged 65. He was one of the most prominent and highly esteemed physicians of Wilmington.

## FOREIGN INTELLIGENCE.

*Treatment of Polyuria.*—M. Hayem mentioned at a meeting of the Paris Biological Society, March 18th, 1876, the case of a man aged forty-eight, who had enjoyed good health up to 1867, when he suffered from a nervous attack, loss of consciousness, and paralysis of the right arm. In 1874 the sight became impaired. The patient remained in good health up to February, 1875, when he became affected with polyuria, polyphagia, and polydipsia, soon connected with nocturnal incontinence of urine. He was ordered issues to the lumbar region, and iodide of starch. When the patient was first seen by M. Hayem, the face was puffed and the lower limbs œdematous. The urine did not contain any albumen, but a certain amount of sugar. He voided in the twenty-four hours four quarts and a half of urine, half an ounce of urea per quart—viz., about two ounces altogether. After a treatment of twenty-eight days, the patient taking about one grain of opium per diem, the quantity of urine diminished to about three pints per day, and the urea to less than half an ounce per quart—viz., seven drachms in the twenty-four hours. The general health was much improved. It is supposed that the opium acted as an alterative of the nervous system. In similar cases Trousseau and Bouchard succeeded with valerian.—*Lancet*, June 17, 1876.

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*Diphtheria treated with Sulphate of Iron.*—Sabata (*Annali di Chimica Applicata alla Médicina*, Oct. 1875) uses a gargle of 5 grammes (77$\frac{1}{6}$ grains) of sulphate of iron in 100 grammes (3$\frac{1}{2}$ ozs. nearly) of distilled water, to which are added 25 drops of sulphuric acid. At the same time he touches the diphtheritic patches with a somewhat stronger solution (5 grammes of sulphate of iron, 70–80 grammes of water, and 25 drops of sulphuric acid). In addition to these, he orders internally hyposulphite of soda and tannate of quinine. Under this treatment, his statistics show, in the course of a severe epidemic, a death-rate of 12.5 per cent.—*Dublin Med. Journ.*, June, 1876.

*Diphtheria and Croup.*—These diseases have lately been prevailing to an unusual extent in Paris. M. Besnier, in his report for the first quarter of the present year (*L'Union Médicale*, March, 1876), states that the increase in the number and gravity of the cases of diphtheria and croup has continued progressively for some years past, and this quarter they have been characterized by such malignity that almost all the operations performed for croup have terminated fatally. During the quarter there have been admitted 148 cases of croup, and of these 118 or 79.73 have died—the mean mortality of the same quarter during the preceding six years having been 76.54. In M. Archambault's wards at the Hôpital des Enfants, of 19 cases 18 were operated upon, and only 1 recovered. In all these cases there was also *angine couenneuse*, and in all except one albuminuria. Several of the children resisted death for several days, and one of them died only on the seventeenth. In the same hospital M. Labric had 15 cases of croup, 1 only recovering without operation. Of 14 operated upon, 2 recovered and 12 died. Of 7 cases of diphtheria, 4 died and 3 recovered. In the ward for chronic cases, M. Simon had 6 cases of diphtheria, half recovering and half dying of "inoperable" croup. In private practice he met with many cases of diphtheria, in the best parts of Paris, occurring in children between four and twelve. At the St. Eugénie, M. Bergeron treated 31 cases of pharyngitis (usually diphtheritic pharyngo-laryngitis), and of these 31 patients 5 were discharged cured. If diphtheria and croup are studied separately, it will be found that the former is by far the more fatal. Thus, of 10 patients in whom the isthmus and back of the pharynx were alone invaded by false membranes, 9 proved fatal; but of 21 cases of croup, all operated upon, 4 recovered. With the exception of two of these, all the others had pharyngeal diphtheria; and it is certain that some of those seized with the grave form of the disease—characterized by pallor and puffiness of the face, submaxillary doughiness around the enlarged glands, and nasal discharge—succumbed

rather to specific poisoning than to thoracic complications. None of those who recovered had these signs of septic diphtheria; but, with the exception of one, all had to struggle with serious complications. M. Cadet de Gassicourt, also of the St. Eugénie, met with only 1 recovery in 13 operations for croup. He attributes this mortality to the unfavourable conditions under which these patients are admitted, some being in a state of asphyxia, and others the subjects of malignaut diphtheria; and the bulk sufferiug from rickets, or scrofula, and all the attributes of "physiological wretchedness." This great fatality of diphtheritic aud croupal affections has, it seems, however, characterized civil practice also where no such conditions prevailed.

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*Aspiration in a Case of Femoral Hernia.* Dr. THIRIAR related to the Brussels Medical Society the case of a woman, fifty years of age, the subject of a femoral hernia, symptoms of strangulation having persisted for four days, and repeated trials of the taxis having failed. Dieulafoy's needle No. 3 was plunged into the hard and seusitive tumour, which was about the size of an egg, and some gas and about a spoonful of yellow liquid of a stercoral odour were withdrawn. The tumour now readily yielded, and was easily returned. All the symptoms of strangulation disappeared, and a purgative was at once administered. Next day the patient had two good stools. No bad symptom followed, and the woman was at once cured. —*Med. Times and Gaz.*, June 17, 1876, from *Journ. de Méd. de Bruxelles*, Feb. 7.

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*Treatment of Superficial Varices.*—CAZIN (*La France Méd.*, Dec. 20, 1875), referriug to the treatment of these cases, and the avoidance of phlebitis or pyæmia, recommends the following proceeding: An incision, three centimetres long, is made parallel to the vein, and at a distance of one centimetre from it. At the two extremities of this incision two others are made transversely towards the vein, and reaching to it. This flap is dissected up, and the vein is isolated by a blunt instrument. The flap is next passed beneath the vein and replaced in its original position and fastened, the vein remaining thoroughly isolated without any ligature having been used.—*Dublin Med. Journ.*, June, 1876.

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*Torsion and Ligature.*—At a clinical lecture at the Lariboisière Hospital, M. Tillaux pointed out the advantages of torsion over the ligature of arteries, and all the other means employed for arresting hemorrhage after the great operations. M. Tillaux stated that up till now torsion had been applied by other surgeons to only small arteries, but he has also applied it to the larger arteries, and after having practised this method for the last five years, he has come to the following conclusions: 1. Torsion is applicable to all arteries, and particularly to the larger ones. 2. A single pair of forceps is sufficient, and not two pairs, as employed in England and elsewhere. 3. The artery should be seized obliquely, and not longitudiually, and in such a manner that the three coats in their entire breadth should be included in the grip. 4. The torsion or twisting of the arteries should then be practised until the portion seized becomes dctached. 5. It is unnecessary to adopt measures to limit the extent of the torsion, as practised by Amussat and the English surgeons, as the operatiou limits itself either to the part seized, or one or two *centimetres* above it. 6. Torsion is applicable to atheromatous or inflamed arteries, as well as to arteries in a healthy condition. 7. Torsion favours union by the first intention, owing to the absence of a foreign body, as in the case of ligatures. 8. Like the ligature, torsion prevents primary hemorrhage. 9. Torsion acts more effectually than the ordinary ligature in preventing secondary hemorrhage. M. Tillaux asserts that ever since he began to employ torsion, in 1871, he has never had a single case of primary or secondary hemorrhage, and yet he has practised it in about a hundred cases of capital operations.—*British Med. Journ.*, May 20, 1876.

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*Chronic Poisoning.*—The following, which is communicated to us by Dr. G. O. Rees,

F.R.S., Consulting Physician to Guy's Hospital, is important. The facts ought to be known to the public as well as to the profession. Dr. Rees writes to us: "I have lately detected a source of chronic poisoning with which, so far as I know, the profession and the public are entirely unacquainted. A lady, residing in a healthy locality and surrounded by all the comforts of life, complained constantly of dyspepsia, accompanied with more nervous depression than usually attends the malady in persons of her age. I inquired into the question of poisoning; and, having ascertained that the walls of her rooms were not covered with arsenical paper, I set aside the idea that arsenic was the cause of her troubles. After a time, however, conjunctivitis occurred, with other symptoms strongly suggestive of chronic arsenical poisoning. Further examination now became necessary, and attention was drawn to the calico lining of the chintz bed-curtains. This material was of a delicate green colour, and, on examination, proved to contain a very large quantity of arsenic. This lady's husband used frequently to wake in the morning suffering from nausea, with a feeling of weight and oppression about the chest; and his eyes, too, became inflamed. My friend, Dr. Debus, who examined the calico, told me that the green pigment appeared to him to have been stamped all over the material, and imperfectly secured by a very thin glaze on one surface. He was much surprised at the large quantity of arsenic present. I am informed by the parties who supplied the bed-furniture that this calico is largely distributed, the colour being a favourite one." There is reason to suspect that a great number of persons are suffering from this form of chronic poisoning, and swallowing quantities of medicine for dyspepsia, which can only be cured by removal from the poisonous dust of their bedrooms. Dr. Rees has forwarded to us a piece of the calico. It is highly glazed, of a favourite delicate green tint, such as is much used for lining chintzes; and it is loaded with arsenic.—*British Med. Journ.*, May 20, 1876.

*A New Adhesive Plaster.*—A mixture of twenty parts of mucilage and one part of glycerine constitutes an excellent shining and supple plaster, far cheaper than the resin and diachylon, and lasting more than a year without deterioration. Three or four layers of the mixture require to be spread over each other on the linen or other stuff, allowing sufficient intervals for the successive layers to dry.—*Med. Times and Gaz.*, June 17, 1876, from *Journ. de Méd. de Bruxelles*, March.

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*Cholera in India.*—Golwood, a village of 200 people, on the Bombay and Baroda Railway, has been the scene of one of the most frightful outbreaks of cholera ever known. Over half of the population died in three days. The disease appeared at noon on the 4th inst., and before daybreak next morning there had been fifty-seven deaths. On the 8th all the survivors fled, but were refused admission by the adjacent villages. The disease displayed extreme virulence, some cases proving fatal in twenty minutes. In these cases the ordinary cholera symptoms were absent, and the body at the first stroke of the disease became livid, convulsed, and shrunken. There is no resident doctor in the village, and medical help was some time in arriving. Gross neglect of sanitary measures is the apparent cause, as it is stated that the people were living in inconceivable filth. Cholera appears to be unusually prevalent in India this year, outbreaks being reported from various quarters, none, however, approaching that of Golwood in violence.—*Med. Times and Gaz.*, June 24, 1876.

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*New Sydenham Society.*—The Council has decided to give up the issue of the Biennial Retrospect. It has been decided also to publish only occasional fasciculi of the Atlas of Skin Diseases.

The principal new undertaking is the issue of a comprehensive Atlas of Pathological Anatomy. This will consist of plates not too large to be bound in a volume, and will be accompanied by full descriptive letter-press. It is proposed to publish a fasciculus each year, and that

for the current year will take Diseases of the Kidney.

It is expected that Dr. Gordon Latham will undertake the editing of the Society's edition of Mayne's Lexicon.

The works of the late Dr. Peter Mere Latham, with biography, prefaces, and annotations, are to be published in two volumes, under the editorship of Dr. Robert Martin.

An edition of Smellie's Midwifery, largely annotated by Dr. M'Clintock, of Dublin, is now in the printer's hands.

A second volume of German Clinical Lectures, selected from Professor Volkmann's series, published in Leipsic, is in preparation.

The collected works of the late Abraham Colles, of Dublin, are to be published, under the editorship, with annotations, of Dr. McDonnell. The society has received the permission of Professor Billroth, of Vienna, to publish a translation of his well-known work on "Surgical Pathology and Therapeutics," from a new edition which is now in preparation, and with the author's latest additions.

Amongst the works which are under the Council's special consideration at present, but have not yet been adopted, are Kohler's "Treatise on Remedies" and the new edition of Kölliker's work on "Development of Man and Animals;" also an edition of selections from the writings and manuscripts of the late Dr. Hodgkin.

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*The Argenteuil Prize.*—No award of this prize has been made by the committee on prize essays of the Academy of Medicine of France this year, but two of the memoirs presented were reported as worthy of honourable mention. The first of these is that by Dr. T. H. Squire, of Elmira, New York, who has, besides the honourable mention, been awarded a recompense of 1500 francs, as an encouragement for his interesting researches on stricture of the urethra.

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*Faculty of Medicine of Geneva.*—Dr. Brown-Sequard was offered the chair of Experimental Physiology in this faculty, but declined. It has been since offered to M. Maurice Schiff, the eminent professor of Florence, who has accepted. The difficulties which have been thrown in the way of Prof. Schiff's experiments on animals by certain narrow-minded fanatics in Florence, and the ridiculous accusations made against him for his vivisections, it is stated, have influenced him in exchanging his professorship in Florence for that in Geneva.

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*Incombustible Paper.*—The Canon Vittoria de Coronas of Arezzo has discovered a method of making paper from asbestos. This paper has been found, by the most satisfactory tests, to be entirely incombustible, and will be most valuable for documents which it is important to preserve from fire, and also for the hangings, etc., of theatres, as a means of avoiding such a terrible conflagration as occurred at the "*Theatre des Arts*," at Rouen.—*Revue Scientifique*, 13 May, 1876.

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*Smallpox*.—London seems to be threatened with an epidemic of this disease. The number of cases which have recently occurred are considerable, and were increasing at last accounts.

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Obituary Record.—Died, June 2, 1876, in the 57th year of his age, Dr. Joseph Eleonor Petrequin, ex-surgeon-major of the Hôtel-Dieu of Lyons, honorary Professor of the School of Medicine, former President of the Academy of Sciences, of Belle-letters and Arts of the National Society of Medicine of Lyons, etc. etc. Prof. P. was not only a brilliant surgeon and teacher, but possessed also vast erudition. He translated the surgical works of Hippocrates, and enriched them with valuable notes.

—— Suddenly, from apoplexy, June 15, Louis Stromeyer, the illustrious Hanoverian surgeon. In our number for June last, p. 102, we gave an account of the distinguished honours recently heaped upon him on the occasion of the 50th anniversary of his reception of the degree of Doctor of Medicine.

—— May 10, 1876, of dropsy, Ludovic Hirschfeld, Professor of Anatomy in the University of Moscow—the learned author of an atlas of the nervous system and of the organs of sense.

## *NEW MEDICAL WORKS—(Just Ready.)*

### PLAYFAIR'S MIDWIFERY.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. PLAYFAIR, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College, etc. In one handsome octave volume, with 166 illustrations.

The distinguished reputation of the author is sufficient assurance that this volume will fully meet its object of presenting to the practitioner and student, within a moderate compass, a trustworthy work of reference and text-book on obstetrics in its most modern aspect.

These volumes will, from the honest purpose of their author and the ability of its execution, at once take a position in the highest rank of obstetric works, and must prove a most useful guide in this most anxious and responsible branch of the profession.—*Lond. Lancet*, June 24, 1876.

We congratulate the profession and Dr. Playfair on the appearance of this most valuable work. We find his practical recommendations to be, on the whole, sound and simple. The work is an excellent one. We need scarcely say that we recommend it to practitioners, teachers, and students. It is secondary to no similar treatise in the language; superior to most.—*Edinburgh Med. Journ.*, July, 1876.

### CARTER ON THE EYE.

A PRACTICAL TREATISE ON DISEASES OF THE EYE. By R. BRUDENELL CARTER, F.R.C.S., Ophthalmic Surgeon to St. George's Hospital, etc. Edited, with additions and test-types, by JOHN GREEN, M.D., of St. Louis, Mo. In one handsome octavo volume of about 600 pages, with 91 illustrations: cloth, $3 75.

Carter on the Eye is well worthy of study by the oculist or by the surgeon who has a desire to acquaint himself with the recent progress of ophthalmic surgery. It is eminently readable. We have the author's views expressed most openly and in language both terse and choice. In it we have the results of Mr. Carter's experience and observation fully revealed, and the only treatment, as a rule, spoken of and recommended, is that which he himself has found most beneficial.—*Edin. Med. Journ.*, March, 1876.

### WINCKEL ON CHILDBED

THE PATHOLOGY AND TREATMENT OF CHILDBED. A TREATISE FOR PHYSICIANS AND STUDENTS. By Dr. F. WINCKEL, Professor and Director to the Gynæcological Clinic in the University of Rostock. From the Second German Edition, with Notes by the Author. Translated by JAMES READ CHADWICK, M.D., Clinical Lecturer on Diseases of Women, Harvard University. In one handsome octavo volume: cloth, $4 00.

The treatise of Dr. Winckel is, in Germany, the standard authority in this branch of medicine, and the volume before us will prove a valuable addition to American medical literature, as it presents the views of the more prominent men who have contributed to a better appreciation of the pathology and treatment of the diseases of childbed. Winckel on the Diseases of Childbed is a treatise which should be in the hands of every physician who would conscientiously practise obstetrics, and the thanks of the profession are due to the translator who has made this treatise accessible to us.—*St. Louis Clinical Record*, June, 1876.

### FLINT ON PERCUSSION AND AUSCULTATION.

A MANUAL OF PERCUSSION AND AUSCULTATION, OF THE PHYSICAL DIAGNOSIS OF DISEASES OF THE LUNGS AND HEART, AND OF THORACIC ANEURISM. By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, New York. In one handsome royal 12mo. volume: cloth, $1 75.

The close attention which the author has for many years paid to this department, and the very extensive opportunities which he has enjoyed for observation, are a sufficient guarantee that the work will fully attain its object. A summary of the contents is herewith presented.

#### CONTENTS.

CHAPTER I. INTRODUCTION.—Definition of Auscultation and Percussion—The Sounds obtained by these Methods, and their Significance. II. Percussion in Health. III. Percussion in Disease. IV. Auscultation in Health. V. Auscultation in Disease. VI. The Physical Diagnosis of Diseases of the Respiratory System. VII. The Physical Conditions of the Heart in Health and Disease—The Heart-Sounds and Cardiac Murmurs. VIII. The Physical Diagnosis of Diseases of the Heart and of Thoracic Aneurism.

### HENRY C. LEA, Philadelphia.

NOTICE.—In the Advertisement of the *University of Pennsylvania* in the July No. of the *American Journal of the Medical Sciences*, by an error of the printer the name of Horatio C. Wood, Jr., M.D., as Professor of Materia Medica and Pharmacy, was unfortunately omitted.